

APR 13 2011

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

EXECUTIVE EMPLOYEES 2010 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19) **EXECUTIVE EMPLOYEES**

Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. Please keep a copy of this form for your records.

N/	AME AND	CONTACT INFORMATI	ON			
clifford S. Wells			Title			
Department/Agency/Bureau/Division			Work Phone			
Public Soft of Emergency Communication Mailing Address, City, ZIP 42 State Howe Station 45 Commerce 1- Suite 1			207 624 7001			
Mailing Address, City, ZIP			A	` ^		
42 State Howe Station 45	Comme	reladute1	Huge	sta Mc	04333	
PART 1. INCOM	IE DERIVE	ED FROM EMPLOYMEN	NT BY ANO	THER		
List the name and address of each employer from economic activity of each employer.	om whom y	ou received compensation	of \$1,000 or	r more. Specify t	he principal type of	
☐ None			, , , , , , , , , , , , , , , , , , ,			
Name of Employer		Address			f Economic Activity nployer	
Husson University	One Zan	College God yor Me ou	<u>د</u> ۷0	Educe	don	
		OM SELF-EMPLOYME				
A. List the name and address of your business o derived income. If associated with a partnership, activity or practice of that entity.	r law firm, it firm, profes	f any, and list the major are sional association, or simil	eas of econor ar business e	nic activity or pracentity, list the majo	tice from which you r areas of economic	
None						
Name and Address of Business Entity or Law	v Firm	Major Areas of Econon Practice (self)	Pı (partnership, asso	Economic Activity/ ractice ociation, firm or similar ess entity)	
Name:		sendali musakili.		**************************************		
Address:		AALDESSALA AAAA AAAA AAAA AAAA AAAA AAAA AAA				
Name:			78488850		3 (100)	
Address:		* A Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				

PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY	MENT
B. List each source of income derived from self-employment or pra whichever is greater, and specify the principal type of economic activ form of disclosure is prohibited by law, rule, or an established cod activity of the entity or person from whom the income was derived.	ity of the entity or person from wh	om you derived such income. If this only the principal type of economic
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address: None		
Name: Address:		
	DURCES OF INCOME	es benerorio. If page check the
List each source of income of \$1,000 or more not listed in Parts 1 or box.	2 of this form. Do not include gills	of Honorana. If Horie, check the
None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		-
Address:		
Name:		
Address:		
Name:		
Address:		•
	TABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or r areas of economic activity of each creditor. Do not list credit card made as campaign contributions, or business loans from regulated fi	liabilities, or educational loans, id	sans from a relative, loans that were
None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		· · · · · · · · · · · · · · · · · · ·
Address:		
Name;		
Address:		
PART 5. REPO	ORTABLE GIFTS	
List the specific source of gifts received during the reporting period w	ith an aggregate value of more th	an \$300. If none, check the box.
None		
Name of Source of Gift	Name o	f Source of Gift
1.	4.	
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PART 6. RE	PORTABLE HONORARIA				
List the source of any honoraria accepted for appearances or	speeches related to your official capacity	or duties. If none, check the box.			
None		kanji kanamanja kipinandaning kara mana manamanja kinindaning minindaning kining ing manama para mahalaman kinindaning kining ing ping injenjari si sa mana sa mana kinindaning kining injenjari si sa mana sa mana kinindaning kinindanin			
Name of Source of Honoraria	andra zasa vara zasa proposa remite anarona an zavengam mengen-anna matamatra di araba pamba an an araba tambi	urce of Honoraria			
1.	3.				
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PART 7. REPRESENT	ATION BEFORE STATE AGENCIES				
List each executive branch agency before which you or compensation of any amount other than your official salary. none, check the box.	a member of your immediate family Indicate whether you or a family members.	represented or assisted others for per appeared before the agency. If			
None		of Agency			
Name of Agency	manufactures (1851-185-195-195-195-195-195-195-195-195-195-19	of Agency			
1.	3.				
2.	4.				
	ESS WITH STATE AGENCIES				
List each executive branch agency to which you or a member \$1,000 during the reporting period. Indicate whether you or a	er of your immediate family sold goods of family member sold the goods or service	or services with a value in excess of s. If none, check the box.			
None		$Action (a) = \frac{1}{2} \left(\frac{1}{2}$			
Name of Agency	Name	e of Agency ************************************			
1.	3.	3.			
2.	4.				
PART 9. INCOME RECEIVE	D BY MEMBERS OF IMMEDIATE F	AMILY			
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, list his or her name and job title. List on Do not include gifts.	d of income represented. If your spouse ly the job title of dependent children who	of domestic partitle received a indud-			
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income			
Name: Susan J.S. Wells	1. Court Clerk	1. Salary			
Name: Susan J.S. Wells Job Title: Deguty Clark of Court	2. 3.	2. 3.			
Dependent Child(ren) - Job Titles Only					
Job Title: Nane	Co. was a state of the state of				
Job Title:					
Job Title:					

tion was compe	nsated. If a	directorship, or p family member li	position of an	y nature. In	dicate whethe	in which you or r you or a famil name of the fa	ly held the	position and w	hether the posi
None									
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				SIGN	ATURE				
affirm that the	contents c	of this report are	e true, com	plete and a	ccurate to the	e best of my l	knowledg	e.	
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	Signature	e					Date) ·	
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			AD	DITIONAL	INFORMATI	ON			
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